



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Request for Exception to Policy (ETP) for Use of Restrictive Procedures

PRINT CLIENT NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH	COMMUNITY PROTECTION PARTICIPANT <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS			CITY	STATE	ZIP CODE
Procedure(s) for which exception is requested:					
Does this person have a legal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following:					
LEGAL REPRESENTATIVE'S NAME				TELEPHONE NUMBER (INCLUDE AREA CODE)	
Documentation					
Attach the following documentation per DDA Policy 5.15, Use of Restrictive Procedures, and DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth:					
<input type="checkbox"/> a. Definition of target behavior(s) <input type="checkbox"/> b. Functional assessment or psychosexual evaluation <input type="checkbox"/> c. Description of positive behavior support strategies or proposed Positive Behavior Support Plan (PBSP) <input type="checkbox"/> d. Description of restrictive procedure(s) requested <input type="checkbox"/> e. Data collection plan <input type="checkbox"/> f. Monitoring and evaluation plan <input type="checkbox"/> g. Written consent of the person <input type="checkbox"/> h. Written consent of the legal representative <input type="checkbox"/> i. Other (specify):					
Agency Request ETP					
AGENCY'S NAME				TELEPHONE NUMBER (INCLUDE AREA CODE)	
ADDRESS			CITY	STATE	ZIP CODE
PRINT ADMINISTRATOR'S NAME			ADMINISTRATOR'S SIGNATURE		DATE
Case Resource Manager Review					
RECOMMEND APPROVAL <input type="checkbox"/> Yes <input type="checkbox"/> No		PRINT CASE MANAGER NAME			DATE
Field Services Administrator or Psychologist Review					
Final approval level required for this restrictive procedure (Check one)					
<input type="checkbox"/> RA Only <input type="checkbox"/> RA and Division Director					
COMMENTS					
RECOMMEND APPROVAL <input type="checkbox"/> Yes <input type="checkbox"/> No		FSA/PSYCHOLOGIST'S SIGNATURE			DATE

Regional Administrator's Decision

- Recommend approval to Division Director and submit (if Director level approval is required).
- ETP approved for ___ months (not to exceed 12 months).
- ETP denied.
- Resubmit with modification(s) as specified (or attach additional sheet):

COMMENTS

REGIONAL ADMINISTRATOR'S SIGNATURE

DATE

Division Director's Decision

- ETP approved for _____ months (not to exceed 12 months).
- ETP denied.
- Resubmit with modification(s) as specified (or attach additional sheet):

COMMENTS

DIRECTOR'S SIGNATURE

DATE